

Attorney Docket No.	LIGHT2260	
First Named Inventor:	WU, et al.	RECEIVED
Application Number	09/932253	
Filing Date:	August 16, 2001	FEB 12 2003
Examiner Name:	Roberts P. Culbert	
Group/Art Unit:	1763	TC 1700
Title	FORMATION OF AN OPTICAL COMPONENT	

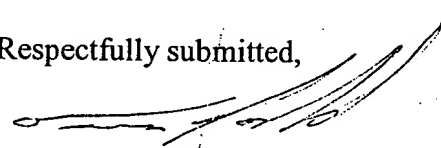
BOX Fee Amendment  
Assistant Commissioner for Patents  
Washington, D.C. 20231

### SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Applicant hereby cites the documents listed in the accompanying Form PTO-1449 with respect to the above reference patent application under the provision of 37 CFR 1.97(b). Copies of the documents are attached.

The Examiner is respectfully requested to make the listed documents of record in connection with the prosecution of the subject application.

Respectfully submitted,

  
TRAVIS DODD  
Registration No. 42,491

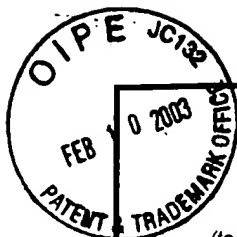
Date: 2/6/2003

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GP1763  
69/932253  
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FEB 12 2003  
TC 1700

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/022253
		Filing Date	August 16, 2001 FEB 12 2003
		First Named Inventor	Wu, et al.
		Group Art Unit	1763
		Examiner Name	Roberts P. Culbert
Total Number of Pages in This Submission		Attorney Docket Number	LIGHT2260

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	Assignment Papers (for an Application)	After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Authorized	Drawing(s)	Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
After Final	Petition to Convert to a Provisional Application	Proprietary Information
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):
Express Abandonment Request	Request for Refund	<input checked="" type="checkbox"/> Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	CD, Number of CD(s) _____	
Certified Copy of Priority Document(s)	Remarks	
Response to Missing Parts/ Incomplete Application		
Response to Missing Parts under 37 CFR 1.52 or 1.53		


Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)


The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-2326. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 2/6/2003

By:   
Attorneys for Applicant(s)

Phone: (760) 731-3091  
Fax: (760) 728-1541

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail			
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: 2/6/2003			
Typed or printed name	TRAVIS DODD		
Signature		Date	2/6/2003



## FEE TRANSMITTAL

Attorney Docket No.	LIGHT2260
First Named Inventor:	Wu, et al.
Application Number	09/932253
Filing Date:	August 16, 2001
Examiner Name:	Roberts P. Culbert
Group/Art Unit:	1763

**RECEIVED****FEB 12 2003****TC 1700**

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 180.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 502326 Deposit Account Name: Lightcross, Inc.  <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other

### 2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 740.00	\$370.00	\$ 0.00
Total Claims	72 - 72=	0	X \$ 18.00	X \$ 9.00	\$ 0.00
Independent Claims	4 - 4=0	0	X \$ 84.00	X \$ 42.00	\$ 0.00
Multiple Dependent Claim(s) (if applicable)			\$ 280.00	\$140.00	\$ 000.00
Total of above Calculations =					\$ 0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 330.00	\$ 165.00	\$ 000.00
Reissue filing fee	\$ 740.00	\$ 370.00	\$ 0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$ 00.00
Total of above Calculations =			\$ 00.00

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Filing IDS after receipt of Office Action under 37CFR1.97(c).	\$	\$180.00	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$180.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	2/6/2003